

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000003259

**FILED  
May 01, 2020  
Secretary of State  
6194753657CC**

**Entity Name:** CAPITALSOURCE FINANCE LLC

**Current Principal Place of Business:**

5404 WISCONSIN AVENUE  
2ND FLOOR  
CHEVY CHASE, MD 20815

**Current Mailing Address:**

5404 WISCONSIN AVENUE  
2ND FLOOR  
CHEVY CHASE, MD 20815 US

**FEI Number:** 52-2263026

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CAPITALSOURCE TRS LLC  
Address        5404 WISCONSIN AVENUE  
                  2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

Title           SECRETARY  
Name           OGROSKY, KORI  
Address        5404 WISCONSIN AVENUE  
                  2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

Title           ASST. SECRETARY  
Name           CHILDS, MICHELE  
Address        5404 WISCONSIN AVENUE  
                  2ND FLOOR  
City-State-Zip: CHEVY CHASE MD 20815

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELE CHILDS

**ASSISTANT SECRETARY    05/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date